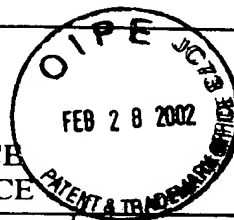


U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE**DECLARATION AND POWER OF ATTORNEY**ATTORNEY'S DOCKET NO.
2378/2

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am an original, first, and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled **ADENOVIRUSES FOR CONTROL OF GENE EXPRESSION**, the specification of which was filed on **June 7, 1995** as Application Serial No. **08/486,549**.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

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PRIOR UNITED STATES APPLICATION(S) Technology Center 2100

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NUMBER	FILING DATE (day, month, year)	STATUS (i.e. Patented, Pending, Abandoned)
08/250,885	May 31, 1994	Pending

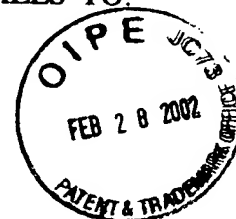
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys:

Paul Lempel (Reg. No. 21,198)

Briana C. Buchholz (Reg. No. 39,123)

SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:

Paul Lempel
KENYON & KENYON
One Broadway
New York, New York 10004
(212) 425-7200 (phone)
(212) 425-5288 (facsimile)



I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME GRAHAM	FIRST GIVEN NAME Frank	SECOND GIVEN NAME L.
RESIDENCE & CITIZENSHIP	CITY Hamilton	STATE OR FOREIGN COUNTRY Ontario, Canada	COUNTRY OF CITIZENSHIP Canada/Italy
POST OFFICE ADDRESS	POST OFFICE ADDRESS 34 Amelia Street	CITY Hamilton, Ontario	STATE & ZIP CODE/COUNTRY Canada L8P 2V4
Signature <i>F. L. Graham</i>		Date <i>August 17, 1995</i>	

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PATENT AND TRADEMARK OFFICE

DECLARATION AND POWER OF ATTORNEY

ATTORNEYS DOCKET NO.
2378/2

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Briana C. Buchholz (Reg. No. 39,123)

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SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:

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 One Broadway
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 (212) 425-5288 (facsimile)

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FULL NAME OF INVENTOR	FAMILY NAME GRAHAM	FIRST GIVEN NAME Frank	SECOND GIVEN NAME L
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Signature		Date	
FULL NAME OF INVENTOR	FAMILY NAME ANTON	FIRST GIVEN NAME Martina	SECOND GIVEN NAME
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POST OFFICE ADDRESS	POST OFFICE ADDRESS 1001 Main St. W	CITY Hamilton, Ontario	STATE & ZIP CODE/COUNTRY Canada L8S 1A9
Signature <i>Maria Anton</i>		Date <i>04.08.55</i>	

FULL NAME OF INVENTOR	FAMILY NAME BACCHETTI	FIRST GIVEN NAME Silvia	SECOND GIVEN NAME
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POST OFFICE ADDRESS	POST OFFICE ADDRESS 34 Amelia Street	CITY Hamilton, Ontario	STATE & ZIP CODE/COUNTRY Canada L8P 2V4
Signature <i>Silvia Bacchetti</i>		Date <i>August 4, 1995</i>	
FULL NAME OF INVENTOR	FAMILY NAME WANG	FIRST GIVEN NAME Ping	SECOND GIVEN NAME
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POST OFFICE ADDRESS	POST OFFICE ADDRESS 603-223 Jackson Street W.	CITY Hamilton, Ontario	STATE & ZIP CODE/COUNTRY Canada L8P 4R4
Signature <i>Ping Wang</i>		Date <i>Aug. 4, 1995</i>	
FULL NAME OF INVENTOR	FAMILY NAME RUDNICKI	FIRST GIVEN NAME Michael	SECOND GIVEN NAME A.
RESIDENCE & CITIZENSHIP	CITY Dundas	STATE OR FOREIGN COUNTRY Ontario, Canada	COUNTRY OF CITIZENSHIP Canada
POST OFFICE ADDRESS	POST OFFICE ADDRESS 14 Sherwood Rise	CITY Dundas, Ontario	STATE & ZIP CODE/COUNTRY Canada L9H 4E8
Signature <i>Michael Rudnicki</i>		Date <i>Aug 4, 1995</i>	

FULL NAME OF INVENTOR	FAMILY NAME MULLER	FIRST GIVEN NAME William	SECOND GIVEN NAME J.
RESIDENCE & CITIZENSHIP	CITY Dundas	STATE OR FOREIGN COUNTRY Ontario, Canada	COUNTRY OF CITIZENSHIP Canada
POST OFFICE ADDRESS	POST OFFICE ADDRESS Unit #65	CITY Dundas, Ontario	STATE & ZIP CODE/COUNTRY Canada L9H 4K6
Signature <i>W. J. Muller</i>		Date Aug 4, 1995	

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Graham et al.

Application No.: 09/981,685

Filed: 10/17/2001

Title: ADENOVIRUS FOR CONTROL OF
GENE EXPRESSION

Group Art Unit: 1636

Examiner: Unknown



Attorney Docket No.:

AdVec10IA-C5A

Assistant Commissioner
for Patents
Washington, D.C. 20231

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APPOINTMENT OF ASSOCIATE ATTORNEY/AGENT

Dear Sir:

In the above identified application, please recognize Timothy H. Van Dyke, Registration Number 43,218, as my associate attorney/agent with full power to prosecute this application, to make alterations and amendments therein, and to transact all business in the U.S. Patent and Trademark Office connected therewith.

Respectfully Submitted,

Date

7/23/01


Gerard H. Bencen

Reg. No. 35746

Bencen & Van Dyke, P.A.

1630 Hillcrest Street

Orlando, Florida 32803

Telephone: 407-228-0328

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